

<i>SERFF Tracking Number:</i>	<i>ALST-125818114</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40266</i>
<i>Company Tracking Number:</i>	<i>FPS4502CAR1 (02/08)</i>		
<i>TOI:</i>	<i>CR04G Group Credit - Life</i>	<i>Sub-TOI:</i>	<i>CR04G.003 Single Premium</i>
<i>Product Name:</i>	<i>Single Premium Group Credit Life and Disability Insurance Program</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Single Premium Group Credit SERFF Tr Num: ALST-125818114 State: ArkansasLH

Life and Disability Insurance Program

TOI: CR04G Group Credit - Life

SERFF Status: Closed

State Tr Num: 40266

Sub-TOI: CR04G.003 Single Premium

Co Tr Num: FPS4502CAR1 (02/08) State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Dawn Ronan, Michele
Sturgeon

Disposition Date: 09/19/2008

Date Submitted: 09/16/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 09/19/2008

State Status Changed: 09/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Heritage Life Insurance Company hereby submits for review and approval the above captioned form. This Application is new and is not intended to replace any previously approved form. It will be used in conjunction with the program approved by your Department on March 5, 2008, under State Tracking Number 3271, submitted via SERFF.

The forms in this program will be utilized with ARGA1 (02/08), Arkansas Guaranty Association Notice, also included for your review

<i>SERFF Tracking Number:</i>	<i>ALST-125818114</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

We have bracketed the different diseases and maladies of the Application as we may choose from time to time, and depending on the Creditor, not to include each disease or malady for a particular Creditor account. In no event would we include diseases or maladies not approved by your state.

Unless otherwise advised by your Department, we may vary the layout of the Insurance information in the Schedule subsequent to your Department's formal approval. These changes may become necessary in order to accommodate the data processing system of the Creditor. Sections within brackets are variable and may change according to the agreement with the Creditor Policyholder. However, they will never be more restrictive to the Insured than allowed by law.

These forms may be utilized in either an electronic or paper format. The forms will be printed individually if electronic, or either front and back or individually if paper. The font style may change to accommodate the various platform systems. If used in an electronic format, you have our assurance that appropriate security standards will be implemented to prohibit alteration of the forms.

Any logo, officer signature or Home Office address and telephone number that appears on these forms is subject to change.

Company and Contact

Filing Contact Information

Michele Sturgeon, Compliance Analyst	Michele.Sturgeon@allstate.com
ATTN: Legal/Compliance	(904) 992-1776 [Phone]
Jacksonville, FL 32224-9983	(904) 992-2975[FAX]

Filing Company Information

American Heritage Life Insurance Company	CoCode: 60534	State of Domicile: Florida
ATTN: Legal/Compliance	Group Code: 8	Company Type: Life and Health
1776 American Heritage Life Drive		
Jacksonville, FL 32224-9983	Group Name: Allstate	State ID Number:
(904) 992-1776 ext. [Phone]	FEIN Number: 59-0781901	

Filing Fees

SERFF Tracking Number: *ALST-125818114* *State:* *Arkansas*
Filing Company: *American Heritage Life Insurance Company* *State Tracking Number:* *40266*
Company Tracking Number: *FPS4502CAR1 (02/08)*
TOI: *CR04G Group Credit - Life* *Sub-TOI:* *CR04G.003 Single Premium*
Product Name: *Single Premium Group Credit Life and Disability Insurance Program*
Project Name/Number: */*

Fee Required? *Yes*
Fee Amount: *\$50.00*
Retaliatory? *No*
Fee Explanation: *\$50 Filing Fee*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$50.00	09/16/2008	22529346

SERFF Tracking Number: ALST-125818114 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 40266
Company Tracking Number: FPS4502CAR1 (02/08)
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
Product Name: Single Premium Group Credit Life and Disability Insurance Program
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/19/2008	09/19/2008

SERFF Tracking Number: *ALST-125818114* *State:* *Arkansas*
Filing Company: *American Heritage Life Insurance Company* *State Tracking Number:* *40266*
Company Tracking Number: *FPS4502CAR1 (02/08)*
TOI: *CR04G Group Credit - Life* *Sub-TOI:* *CR04G.003 Single Premium*
Product Name: *Single Premium Group Credit Life and Disability Insurance Program*
Project Name/Number: /

Disposition

Disposition Date: 09/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ALST-125818114* *State:* *Arkansas*
Filing Company: *American Heritage Life Insurance Company* *State Tracking Number:* *40266*
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Product Name: *Single Premium Group Credit Life and Disability Insurance Program*
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes

SERFF Tracking Number: ALST-125818114 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 40266

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disability Insurance Program


Project Name/Number: /

Form Schedule

Lead Form Number: FPS4502CAR1 (02/08)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FPS4502C AR1 (02/08)	Application/ Application Enrollment Form	Initial		40	FPS4502CAR 1 02.08.pdf

ARKANSAS

S C H E D U L E	Creditor Beneficiary /Insured Creditor			Certificate Number [C]
	PRIMARY BORROWER (Called "You")	Age	Date of Birth	 AMERICAN HERITAGE LIFE INSURANCE COMPANY FIRST COLONIAL INSURANCE COMPANY (Called "We" or "Us") 1776 American Heritage Life Drive Jacksonville, FL 32224
	If Joint Life is elected CO-BORROWER (also called "You")	Age	Date of Birth	
	Street Address			
	City State Zip			
	Telephone Numbers: Home: Employment:			
	Second Beneficiary (Estate-If none named)			

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Joint Life Premium \$
 Single Life Premium \$

Disability Premium \$

Property Premium \$

(Available only on the Primary Borrower for a maximum of [60] mos.)

Property Insured

Initial Amount of \$ Insurance	Monthly Benefit \$	Term of Insurance Mos.	Check Block for Desired Insurance: Joint Life <input type="checkbox"/> Single Life <input type="checkbox"/> (Benefits are payable after) <input checked="" type="checkbox"/> [7] Day Retroactive Disability <input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/> Decreasing Term <input type="checkbox"/> (To commence with the 1 st day)
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I may cancel my credit insurance coverage at any time. I acknowledge that upon cancellation, the unearned credit insurance premium will be refunded (calculated in accordance with the terms of the certificate) to the Creditor to be applied to the outstanding balance on my account. Any refund amount remaining after payment is applied to the account balance will be refunded to my designee or me.


Proposed Insured Primary Borrower	Proposed Joint Insurance Borrower, If any	Effective Date	I Do Not <input type="checkbox"/> Want Insurance I Want <input type="checkbox"/> Insurance
X	X	Month/Day/Year	
Age	Age		

I Certify answers are truly and accurately recorded on this application as stated by the proposed insured Borrower(s).

Resident Agent _____ Phone No. _____ Address _____
 (or attach business card)

For specific information about credit insurance issued in conjunction with your loan, contact your creditor or American Heritage Life Insurance Company at [800-858-4570]. For general information or complaints regarding your credit insurance, please contact the Arkansas Insurance Department locally at [501-371-2600] or [1-800-282-9134]. You may write to the Arkansas Insurance Department at 1200 West Third Street, Little Rock, AR 72201.

ARKANSAS

S C H E D U L E				Creditor Beneficiary /Insured Creditor	Certificate Number [C]
	PRIMARY BORROWER (Called "You")	Age	Date of Birth		 Allstate. Credit Division AMERICAN HERITAGE LIFE INSURANCE COMPANY FIRST COLONIAL INSURANCE COMPANY (Called "We" or "Us") 1776 American Heritage Life Drive Jacksonville, FL 32224
	If Joint Life is elected CO-BORROWER (also called "You")	Age	Date of Birth		
	Street Address				
	City State Zip				
	Telephone Numbers: Home: Employment:				
	Second Beneficiary (Estate-If none named)				

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Joint Life Premium \$ **Single Life Premium** \$

Disability Premium	\$
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Property Premium	\$
-------------------------	----

(Available only on the Primary Borrower for a maximum of [60] mos.)

Property Insured	
-------------------------	--

Initial Amount of \$ Insurance	Monthly Benefit \$	Term of Insurance Mos.	Check Block for Desired Insurance: Joint Life <input type="checkbox"/> Single Life <input type="checkbox"/> (Benefits are payable after) <input checked="" type="checkbox"/> Day Retroactive Disability <input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/> Decreasing Term <input type="checkbox"/> (To commence with the 1 st day)
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Proposed Insured Primary Borrower	Proposed Joint Insurance Borrower, If any	Effective Date	I Do Not <input type="checkbox"/> Want Insurance	I Want <input type="checkbox"/> Insurance
X Age	X Age	Month/Day/Year		

I Certify answers are truly and accurately recorded on this application as stated by the proposed insured Borrower(s).

Resident Agent	Phone No.	Address (or attach business card)
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For specific information about credit insurance issued in conjunction with your loan, contact your creditor or American Heritage Life Insurance Company at [800-858-4570]. For general information or complaints regarding your credit insurance, please contact the Arkansas Insurance Department locally at [501-371-2600] or [1-800-282-9134]. You may write to the Arkansas Insurance Department at 1200 West Third Street, Little Rock, AR 72201.

REFUND RECEIPT AND CANCELLATION OF INSURANCE

Cancel as of _____ 12:00 Noon, Standard Time Amount of Life Refund \$ _____
Month-Day-Year

In force _____ months. _____ % Unearned Premium. Amount of Disability Refund \$ _____

REASON FOR REFUNDS: ☐ Early Pay Off ☐ Trade ☐ Repossession ☐ Renewal or Refinancing ☐ Other

The undersigned requests cancellation of this coverage as shown and acknowledges that refund of the unearned portion of the premium(s) has been paid or credited to the Borrower(s) and therefore releases American Heritage Life Insurance Company from all liability pursuant to this coverage.

Authorized Representative of Creditor

Date _____

Borrower(s)

ARKANSAS

S C H E D U L E	PRIMARY BORROWER (Called "You")			Age	Date of Birth	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Creditor Beneficiary /Insured Creditor Certificate Number [C] </div> <div style="text-align: center;"> Allstate <small>Credit Division</small> AMERICAN HERITAGE LIFE INSURANCE COMPANY FIRST COLONIAL INSURANCE COMPANY <small>(Called "We" or "Us")</small> 1776 American Heritage Life Drive Jacksonville, FL 32224 </div> </div>
	If Joint Life is elected CO-BORROWER (also called "You")			Age	Date of Birth	
	Street Address					
	City State Zip					
	Telephone Numbers: Home: Employment:					
	Second Beneficiary (Estate-If none named)					

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Joint Life Premium \$
 Single Life Premium \$

Disability Premium \$

Property Premium \$

(Available only on the Primary Borrower for a maximum of [60] mos.)

Property Insured

Initial Amount of \$ Insurance	Monthly Benefit \$	Term of Insurance Mos.	Check Block for Desired Insurance: Joint Life <input type="checkbox"/> Single Life <input type="checkbox"/> <small>(Benefits are payable after)</small> <input checked="" type="checkbox"/> [7] Day Retroactive Disability <input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/> Decreasing Term <input type="checkbox"/> <small>(To commence with the 1st day)</small>
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Proposed Insured Primary Borrower	Proposed Joint Insurance Borrower, if any	Effective Date	I Do Not <input type="checkbox"/> I Want <input type="checkbox"/>
X	X	Month/Day/Year	Want Insurance Insurance
Age	Age		

I Certify answers are truly and accurately recorded on this application as stated by the proposed insured Borrower(s).

Resident Agent Phone No. Address
(or attach business card)

For specific information about credit insurance issued in conjunction with your loan, contact your creditor or American Heritage Life Insurance Company at [800-858-4570]. For general information or complaints regarding your credit insurance, please contact the Arkansas Insurance Department locally at [501-371-2600] or [1-800-282-9134]. You may write to the Arkansas Insurance Department at 1200 West Third Street, Little Rock, AR 72201.

REFUND RECEIPT AND CANCELLATION OF INSURANCE

Cancel as of _____ 12:00 Noon, Standard Time Amount of Life Refund \$ _____
Month-Day-Year

In force _____ months. _____ % Unearned Premium. Amount of Disability Refund \$ _____

REASON FOR REFUNDS: ☐ Early Pay Off ☐ Trade ☐ Repossession ☐ Renewal or Refinancing ☐ Other _____


The undersigned requests cancellation of this coverage as shown and acknowledges that refund of the unearned portion of the premium(s) has been paid or credited to the Borrower(s) and therefore releases American Heritage Life Insurance Company from all liability pursuant to this coverage.

Authorized Representative of Creditor

Date

Borrower(s)

ARKANSAS

S C H E D U L E				Creditor Beneficiary /Insured Creditor	Certificate Number C
	PRIMARY BORROWER (Called "You")		Age	Date of Birth	 FIRST COLONIAL INSURANCE COMPANY (Called "We" or "Us") 1776 American Heritage Life Drive Jacksonville, FL 32224
	If Joint Life is elected CO-BORROWER (also called "You")		Age	Date of Birth	
	Street Address				
	City State Zip				
	Telephone Numbers: Home: Employment:				
	Second Beneficiary (Estate-If non named)				

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

	\$		\$
	\$	Property Premium	\$
	Property Insured		

Original Amount of \$ Insurance		Term of Insurance Mos.	Check Block for Desired Insurance: <input type="checkbox"/> <input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/>
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I may cancel my credit insurance coverage at any time. I acknowledge that upon cancellation, the unearned credit insurance premium will be refunded (calculated in accordance with the terms of the certificate) to the Creditor to be applied to the outstanding balance on my account. Any refund amount remaining after payment is applied to the account balance will be refunded to my designee or me.

Proposed Insured Primary Borrower	Proposed Joint Insurance BORROWER, If any	Effective Date	I Want <input type="checkbox"/> Insurance	I Do Not <input type="checkbox"/> Want Insurance
X	Age X	Age Month/Day/Year		

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<i>Product Name:</i>	<i>Single Premium Group Credit Life and Disability Insurance Program</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *ALST-125818114* *State:* *Arkansas*
Filing Company: *American Heritage Life Insurance Company* *State Tracking Number:* *40266*
Company Tracking Number: *FPS4502CAR1 (02/08)*
TOI: *CR04G Group Credit - Life* *Sub-TOI:* *CR04G.003 Single Premium*
Product Name: *Single Premium Group Credit Life and Disability Insurance Program*
Project Name/Number: */*

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/16/2008

Comments:

The applicable information requested under this item are either attached or addressed in teh forms schedule

Attachments:

ARGA1 02.08.pdf
READABILITY.pdf

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND DISABILITY INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capital
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Disability Insurance Guaranty Association Act ("ACT"). Below is a brief summary of the ACT's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.
The Guaranty Association also does NOT provide coverage for:
- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy or reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentation, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The ACT also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

AMERICAN HERITAGE LIFE INSURANCE COMPANY

CERTIFICATE OF READABILITY

STATE OF ARKANSAS

I hereby certify that the form(s) listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

<u>FORM NAME</u>	<u>FORM#</u>	<u>READABILITY SCORE</u>
Individual Application	FPS4502CAR1	40.4

Date: September 16, 2008



Howard Taylor
Vice President
Market Conduct and Industry Relations